

Name
in
Full

Swiss Silvester Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

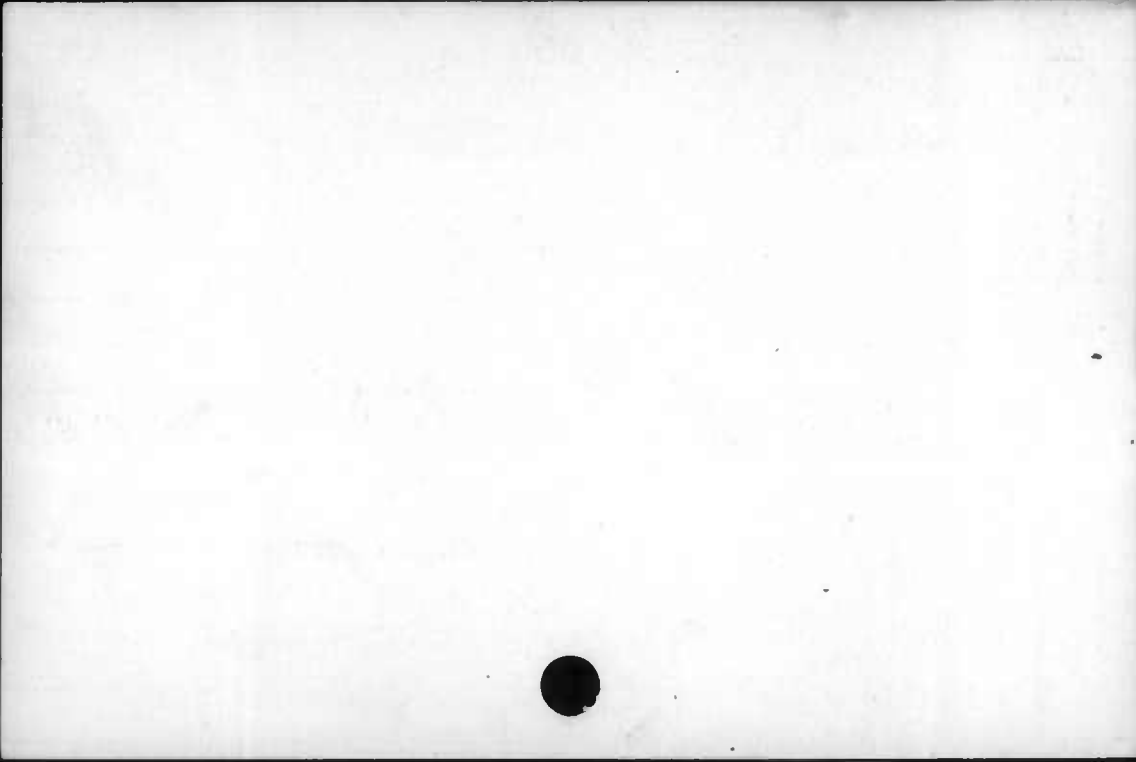
Died at <i>Spencer</i> ^{Town}		<i>Wm</i> ^{County}		MARYLAND	
Date of death	1909	Month	Sept	Day	17
Age	—		Years	—	Months
Sex	<i>male</i>		Color or Race	<i>Black</i>	
Occupation	—		Where Residing if not at place of death <i>Spencer Md</i>		
Married, "Single or Widowed" <input checked="" type="checkbox"/>			Name of Wife or Husband —		
Father's Name <i>Peyton Campbell</i>			Father's Birthplace <i>Spencer Md</i>		
Mother's Maiden Name <i>Mary White</i>			Mother's Birthplace <i>Spencer Md</i>		
Name of person giving information <i>Peyton Campbell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(71)

PHYSICIAN
OR CORONER

Primary	How long
<i>Convulsions</i>	How long <i>3 days</i>
Imm	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. R. Bate</i>
<i>yes</i>	Address <i>Spencer Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

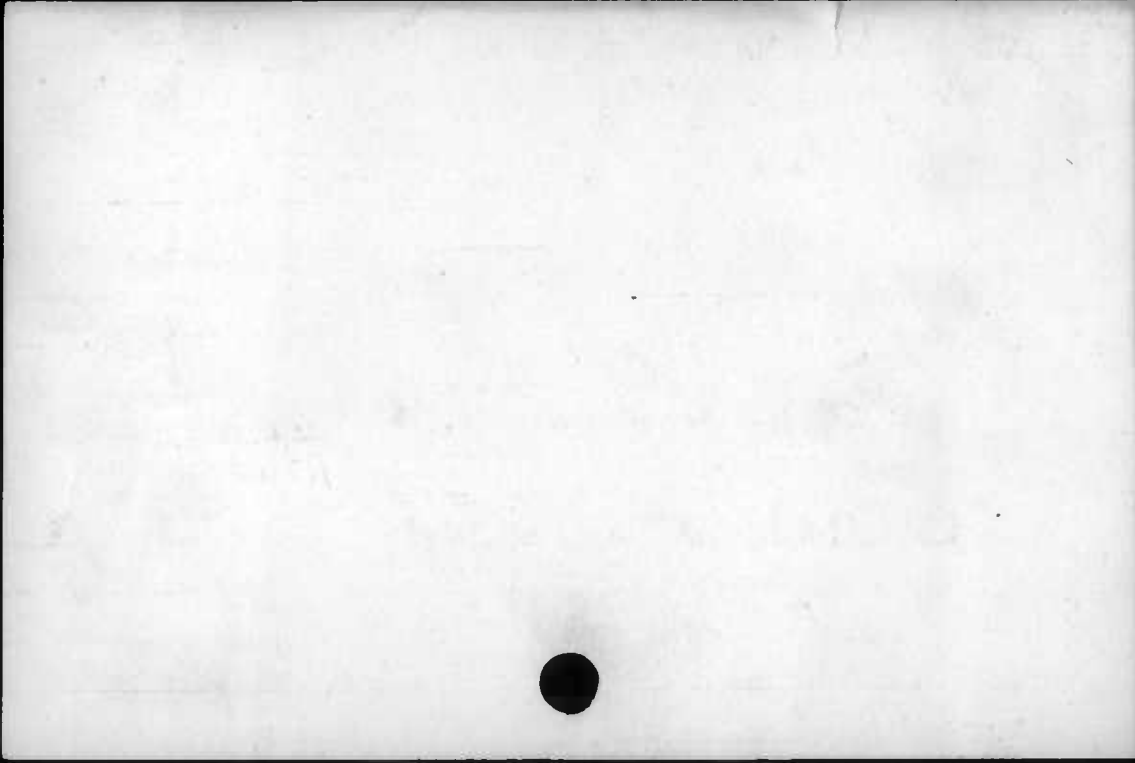
Died at <i>Guinea Orchard</i> ^{Town} <i>Montg.</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>9</i> ^{Month}	<i>4</i> ^{Day}	Age <i>48</i> ^{Years} <i>4</i> ^{Months} <i>16</i> ^{Days}
Sex <i>M.</i>	Color or Race <i>W.</i>	Birth-place <i>Ind</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>W.</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Levi Dove</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Julia Benson</i>	Mother's Birthplace		
Name of person giving information <i>Geo. W. Dove</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Catarah of Stomach</i>	How long <i>8 Months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Elchison</i>
	Address <i>Gaithersburg Md</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

William E Easton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>9</i>	Day <i>6</i>	Age <i>86</i>	Years <i>4</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Howard E.C.</i>		
Occupation <i>Labron</i>		Where Residing if not at place of death <i>sandy Spring</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Maynet Easton</i>			
Father's Name <i>— Unknown</i>		Father's Birthplace <i>— Unknown</i>			
Mother's Maiden Name <i>— Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Harry Easton</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Gangrene</i>	How long <i>5 months</i>
Immediate <i>asthenia & Coma</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Brooke</i>
<i>2</i>	Address <i>Sandy Spring</i>
Accident or Suicide? <i>2</i>	

"One foot was partially amputated during
the Civil War and for the time of course
stopped in both feet - he was suffering
from arterio-sclerosis and with
a less general dropsy. The gangrene
commencing in both feet and reaching
grim before death."

Name
in
Full

Margaret Gall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

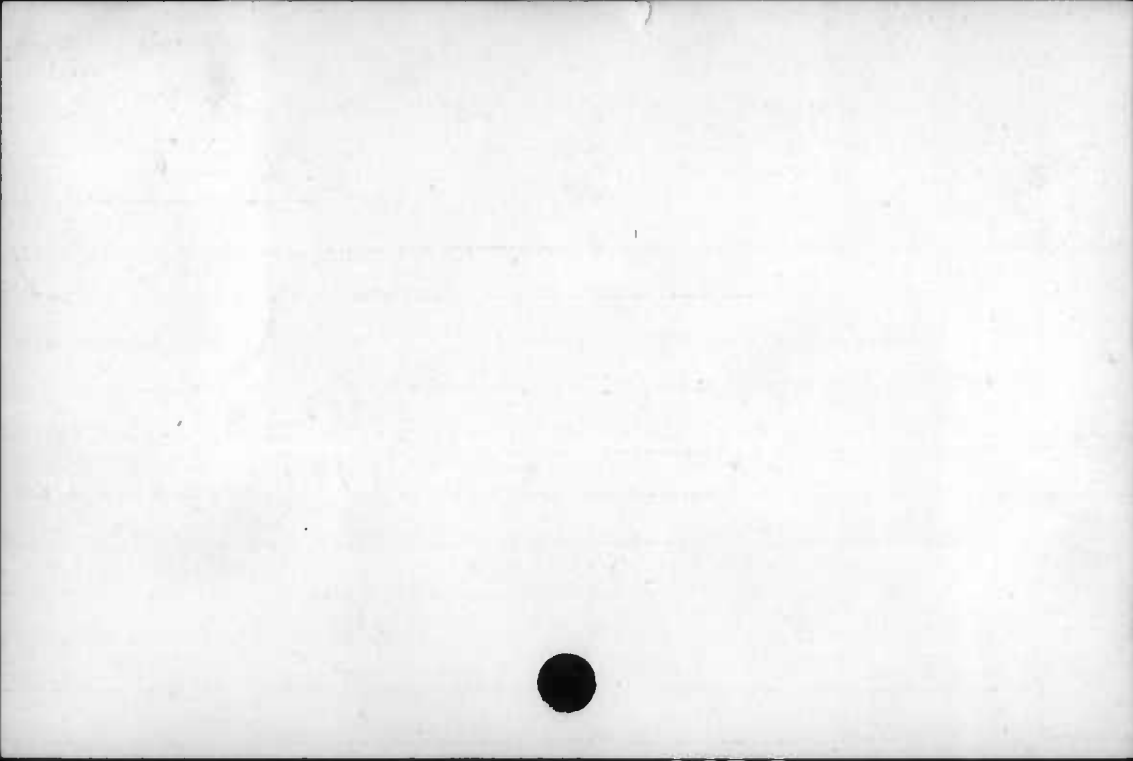
Died at <i>Washington Grove</i>		Town <i>Mountz</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>9</i>	Day <i>21</i>	Age	Years	Months <i>7</i>	Days <i>11</i>
Sex <i>F</i>		Color or Race <i>W</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Clinton Gall</i>		Father's Birthplace <i>Ohio</i>					
Mother's Maiden Name <i>Cara Pruett</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>"</i>		<i>"</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Arthur C. Merriam</i>
<i>Yes</i>	Address <i>Wash. Grove, Md.</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Walter E. Gray</i>		Town <i>Kingsley</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Kingsley</i>		Date of death <i>1908</i>		Age <i>37</i>		Months <i>0</i>	
Month <i>Sept</i>		Day <i>17</i>		Years <i>37</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>negro</i>		Birth- place <i>Montgomery, CO</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Gray</i>					
Father's Name <i>Peter Williams</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Hannah Bulger</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving In formation <i>George Gray</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Bright's Disease</i>		How long <i>3 months</i>	
Immediate <i>renal insufficiency</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. E. Peck</i>	
		Address <i>Beltsville, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Daniel Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

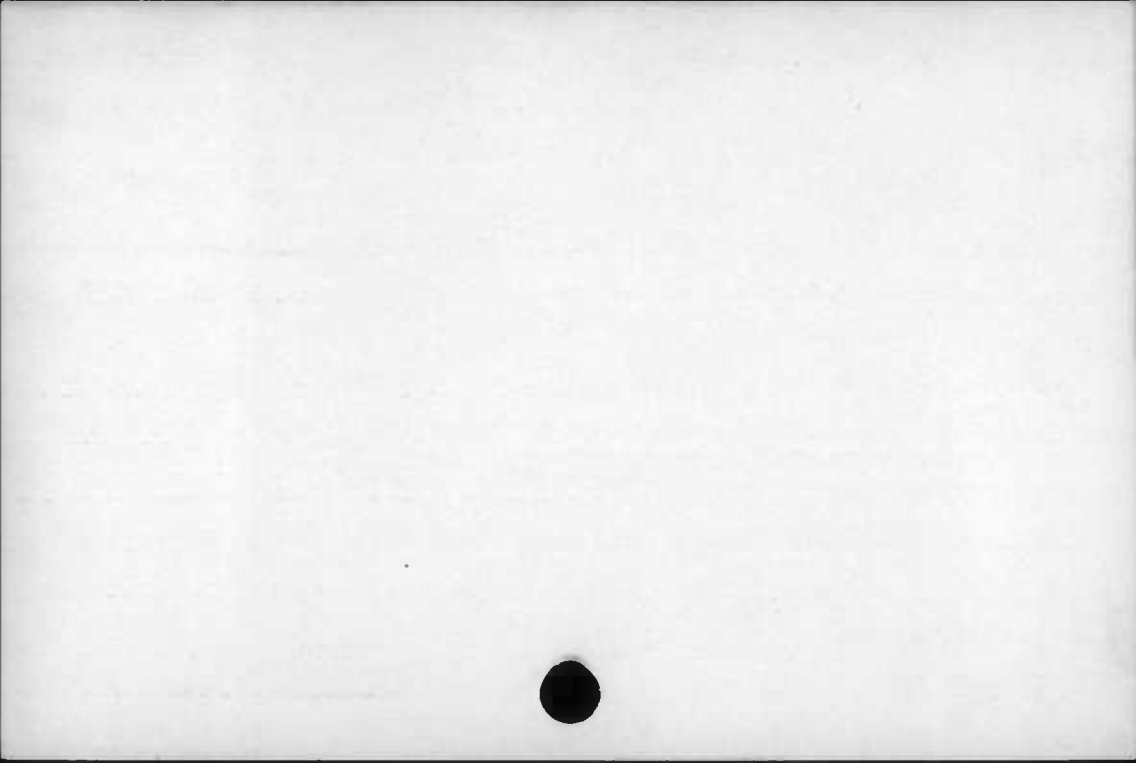
Died at <i>Near Brinklow</i>		Town <i>Montgomery</i>		County	
Date of death 1908	Month <i>Sept.</i>	Day <i>11</i>	Year <i>60</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Howard Co. Md.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Driver in Bath.</i>			
Name of Wife or Husband <i>Malinda Green</i>					
Father's Name <i>Nicholas Green</i>				Father's Birthplace <i>Don't Know</i>	
Mother's Maiden Name <i>Louisa Johnson</i>				Mother's Birthplace <i>Montgomery Co. Md.</i>	
Name of person giving information <i>Oliver Green</i>				How related to deceased <i>Cousin</i>	

CAUSES OF DEATH

64

PHYSICIAN
-RECORDED

Primary	How long
Immediate <i>Apoplexy</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. F. Green,</i>
	Address <i>Brookerville Md.</i>
Accident or Suicide?	



Name
in
Full

Kate V. Havers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

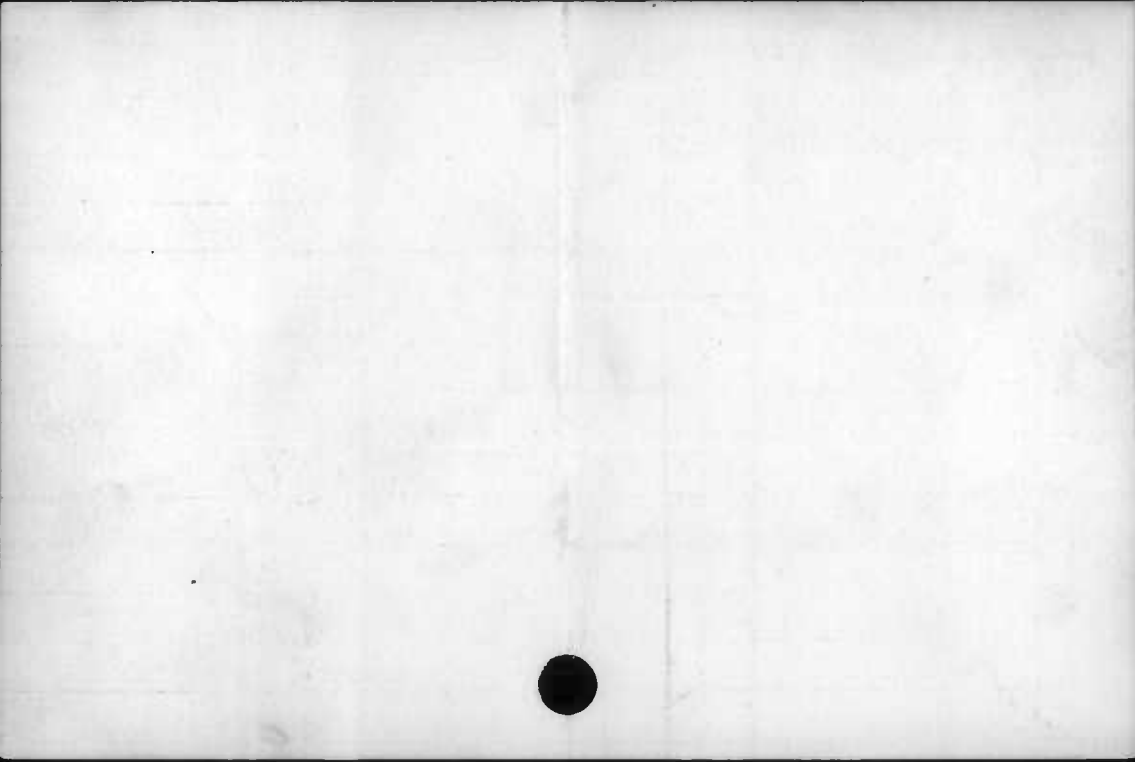
Died at <i>Marhastred</i>		Town		<i>Moulgany</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>14</i>		Age <i>24</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>					
Occupation <i>None</i>				Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>							
Father's Name <i>Nicholas M. Havers</i>				Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Bessie M. Weller</i>				Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Nicholas M. Havers</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>8 mos</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>O. M. Lin Thum</i>	
		Address <i>Roadville</i>	
Accident or Suicide? <i>—</i>		<i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Laurence Harris

Town *Germananton* County *Montgomery* MARYLAND

Died at *Germananton*

Date of death 190 *8* Month *9* Day *30* Age *12* Years Months *3* Days *—*

Sex *Male* Color or Race *Negro* Birthplace *Montgomery Co. Md.*

Occupation *School boy* Where Residing if not at place of death *Resides at Germananton*

~~Married~~ Single *—* Name of Wife or Husband *—*

Father's Name *Henry Harris* Father's Birthplace *Md.*

Mother's Maiden Name *Alice Smith* Mother's Birthplace *Md.*

Name of person giving Information *Mother - Alice Harris* How related to deceased *—*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Tuberculosis of bones* How long *18 mo.*

Immediate *Tubercular meningitis* How long *10 da.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. D. House M. D.* Address *Danversville Md.*

l Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Holsey

Town *Damascus.* County *Montgomery* **MARYLAND**

Died at *Damascus.* Month *Sept.* Day *1* Age *1* Years Months Days

Date of death 190 *8*

Sex *F.* Color or Race *B.* Birth-place *Md.*

Occupation *-* Where Residing if not at place of death *-*

~~Mother~~, Single or ~~Widowed~~ Name of Wife or Husband *-*

Father's Name *Greensberry Holsey* Father's Birthplace *Md.*

Mother's Maiden Name *Harriett Snowden.* Mother's Birthplace *Md.*

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *179* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Geo. M. Boyer.**Damascus,**Mt. Airy, R.F.D. Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

10-10-1912
10-10-1912
10-10-1912



Name
in
Full

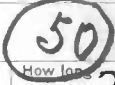

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Katherine A. Jones</i>		Town <i>Darkestown</i>		County <i>Montg</i>		MARYLAND	
Died at <i>Darkestown</i>		Month <i>9</i>		Day <i>30</i>		Year <i>1908</i>	
Date of death <i>1908 9 30</i>		Age <i>55</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Darkestown Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>Nathan Jones</i>		Father's Birthplace <i>Montg Co Md</i>					
Mother's Maiden Name <i>Katherine West</i>		Mother's Birthplace <i>Montg Co Md</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long <i>20 yrs.</i>
Immediate	<i>Asthma (cardiac insufficiency)</i>	How long <i>See moment</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. D. Nowicki M.D.</i>
<i>Yes</i>		Address <i>Darkestown Md.</i>
		
		
Accident or Suicide		



Name
in
Full

W. C. C. Knott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

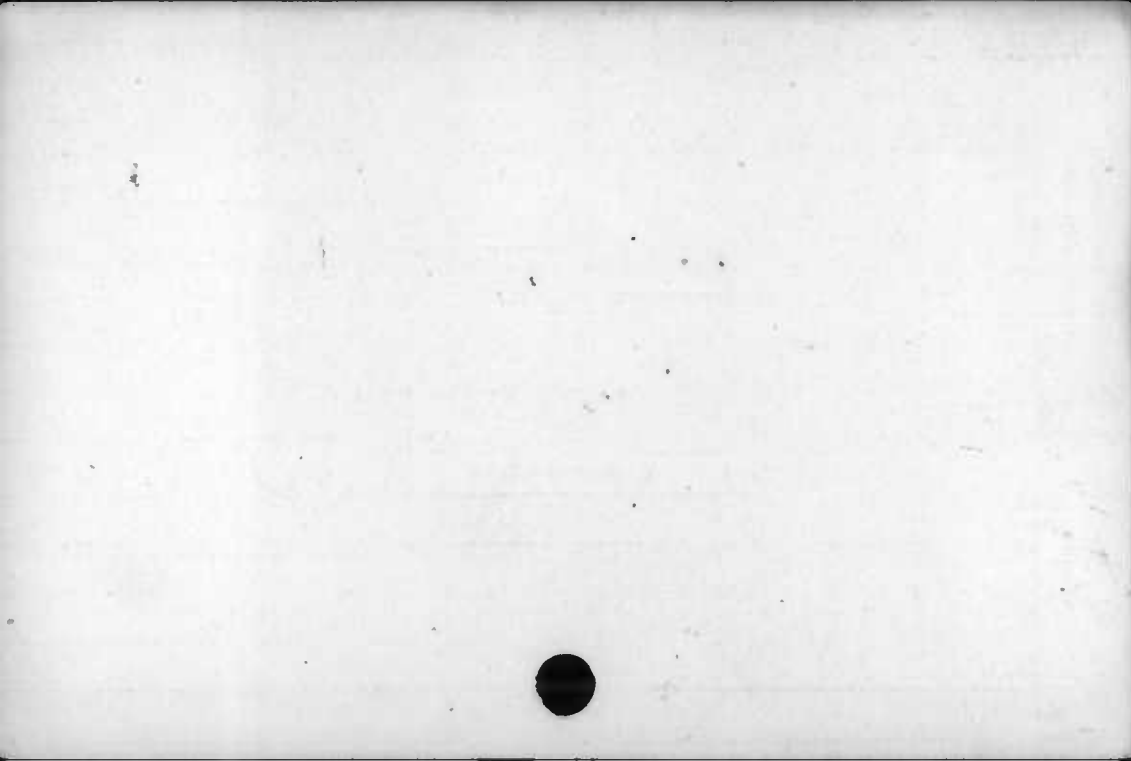
Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> ^{Month}	<i>18</i> ^{Day}	Age <i>40</i>	<i>40</i> ^{Years}	<i>0</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John E. Knott</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary F. Claggett</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Thos Claggett</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Chronic Epilepsy</i>	How long <i>Years</i>
Immediate <i>Exhaustion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Clairborne H. Channell</i>
	Address <i>Rockville, Md.</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

Phillis Lilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Liltonville* Town *Mary* County

Date of death *1908* Month *Sept* Day *14* Age *94* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Va*

Occupation *At home* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Samuel Lilton*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Chas H Butler* How related to deceased *Not related*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Senile Hemorrhage* How long *one week*

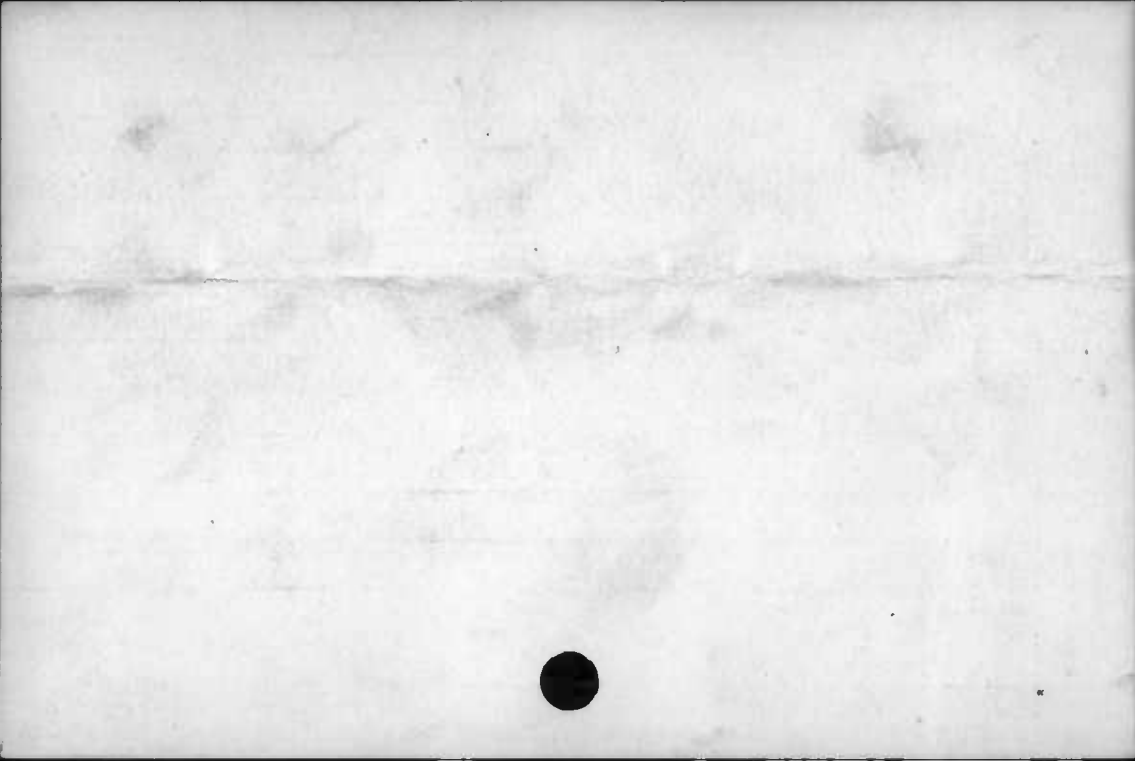
Immediate *Heart Failure* How long *1*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frederick M. R...*

Address *Washington*

Accident or Suicide? *No*



Name
in
Full

Mrs. Florence V. Marlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ashlon</i>		County <i>Monty.</i>		MARYLAND	
Date of death 1908	Month <i>Sept.</i>	Day <i>19</i>	Years <i>42</i>	Age	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Monty. Co.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>of Thomas Marlow</i>							
Father's Name <i>Moses Thompson</i>				Father's Birthplace <i>Monty. Co.</i>			
Mother's Maiden Name <i>Catharine Lydam</i>				Mother's Birthplace <i>Monty. Co.</i>			
Name of person giving In formation <i>Albert Marlow</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Gastric Carcinoma</i>	How long <i>About 18 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>5 or 6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. F. Green</i>
<i>l</i>	Address <i>Brookville, Md.</i>
<i>Accident or Suicide</i>	



Name
in
Full

Anne Padgett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickerson</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1908	Month	September	Day	24
Age	62	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Polkville Md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<u>Alonza Padgett</u>		
Father's Name	<u>Phil Mosburg</u>		Father's Birthplace <u>Polkville</u>		
Mother's Maiden Name	<u>not known</u>		Mother's Birthplace		
Name of person giving information	<u>Pearl Collier</u>		How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>7 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>Two hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. Honestreet</u>
		Address	<u>Barrenville Md</u>
Accident or Suicide?			



Name
in
Full

Purdurn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
<i>Douglas Town</i>		<i>Purdurn</i>		<i>Montgomery</i>			
Date of death	1908	Month	9	Day	3	Age	
Sex	<i>F.</i>	Color or Race	<i>W.</i>	Birth-place			
Occupation				Where Residing if not at place of death	—		
Marr Single		Name of Wife or Husband					
as Widowed		—					
Father's Name	<i>Reverdy Purdurn</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Carrie King</i>				Mother's Birthplace	<i>Ind.</i>	
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

Primary		How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

C. H. Nourse.

Address



Accident or Suicide

PHYSICIAN
OR CORONER



Name

in
Full

William H Pyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Glen Beach

Town

Montgomery

County

MARYLAND

Date of death 1908 Sept

Month

Day 16

Age 98

Years

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Olga Pyles

Father's
Name

Richard Pyles

Father's
Birthplace

Md

Mother's
Maiden Name

Rachel (Unknown)

Mother's
Birthplace

Unknown

Name of person giving
In formation

Richard Pyles

How related
to deceased

Son

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

How long

Two days

Immediate

Dyspnea. Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William H Pyles

Address

Linn County, Mo

Accident or Suicide?

Funeral at Rock Creek Cemetery
DC

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Spring</i> Town <i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>8</i> <i>Sept</i> <i>29</i>	Age <i>59</i>	Months <i>3</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Shoemaker</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Leanova Ray</i>		
Father's Name <i>Joseph Ray</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Marriet Ann Ward</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Oliver Ray</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Hypertrophic cirrhosis of Liver</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Palmer Park, Ill.</i>
Accident or Suicide	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Liberty Spring* ^{Town} *Montgomery* ^{County}
 Date of death *1908 Sept 19* Age *62* Months Days
 Sex *m* Color or Race *w* Birth-place *Germany*
 Occupation *Tailor* Where Residing if not at place of death
~~Married~~ *Single* Name of Wife or Husband *Catherine Schaefer*
 Father's Name *do not know* Father's Birthplace *Germany*
 Mother's Maiden Name *do not know* Mother's Birthplace *Germany*
 Name of person giving information *Christian Schaefer* How related to deceased *Son*

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long *Six days after accident*

Are the name, age, sex, color, date and place correctly given above?

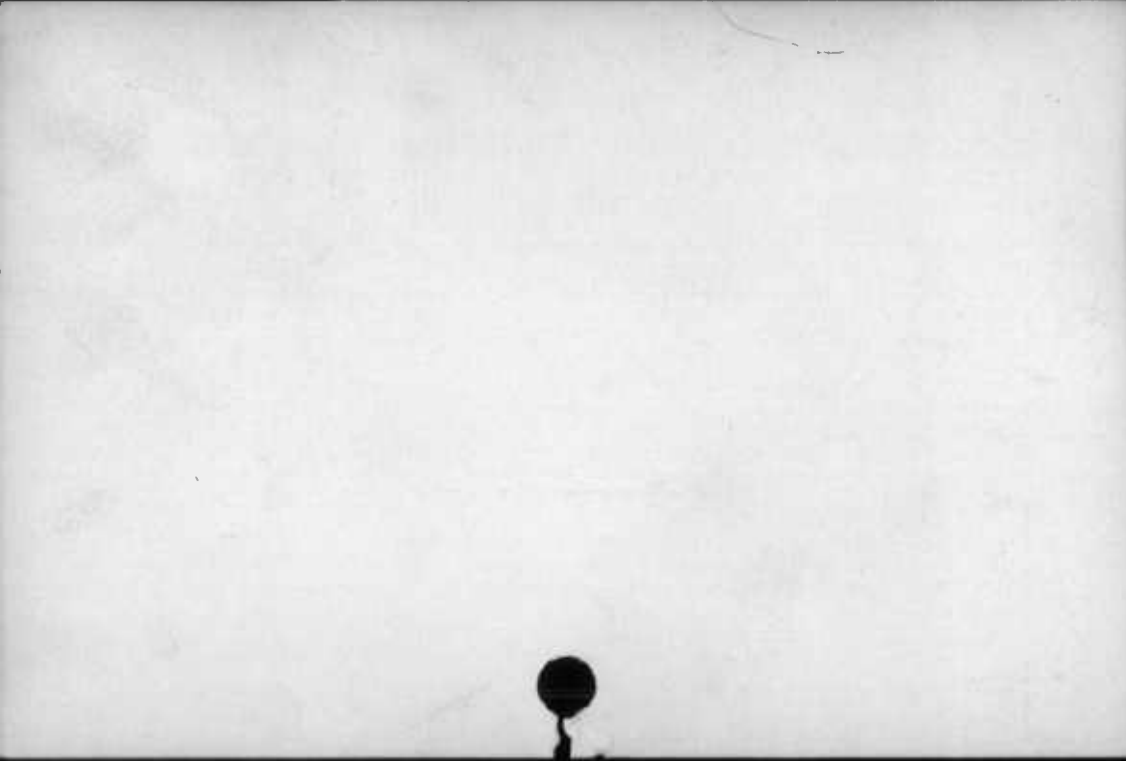
Yes

Signature of Physician

Address

Alfred V. Parsons
24 Howard Street, N.Y.C.

Accident or Suicide?



Name
in
Full

Catharine Shaw

CERTIFICATE OF DEATH

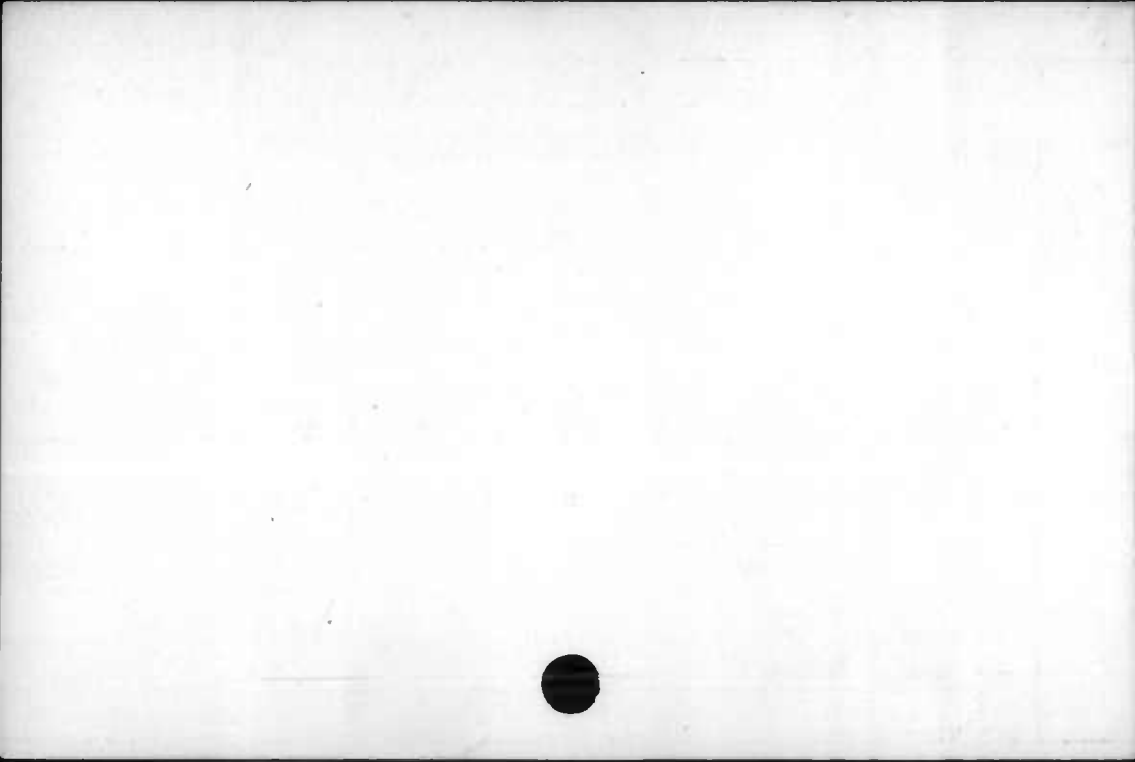
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Norbeck</u>		County <u>Montgomery</u>		MARYLAND	
Date of death	1908	Month	9	Day	20	Years	22
				Age	22	Months	4
						Days	6
Sex	<u>Female</u>		Color or Race	<u>white</u>		Birth-place	<u>Norbeck Md</u>
Occupation	<u>House Keeper</u>		Where Residing if not at place of death <u>Norbeck Md</u>				
Married, Single or Widowed	Single		Name of Wife or Husband <u>—</u>				
Father's Name	<u>Edward Shaw</u>					Father's Birthplace	<u>Montgomery Md</u>
Mother's Maiden Name	<u>Virginia Sullivan</u>					Mother's Birthplace	<u>Montgomery Md</u>
Name of person giving information	<u>Mrs Anna Stumstad</u>					How related to deceased	<u>not at all</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>15 - days</u>
Immediate	<u>Peritonitis. Perforation</u>	How long	<u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Roger Brooke</u>	
Address		<u>Sandy Spring Md</u>	
Accident or Suicide?		<u>—</u>	



Name
in
Full



CERTIFICATE OF DEATH

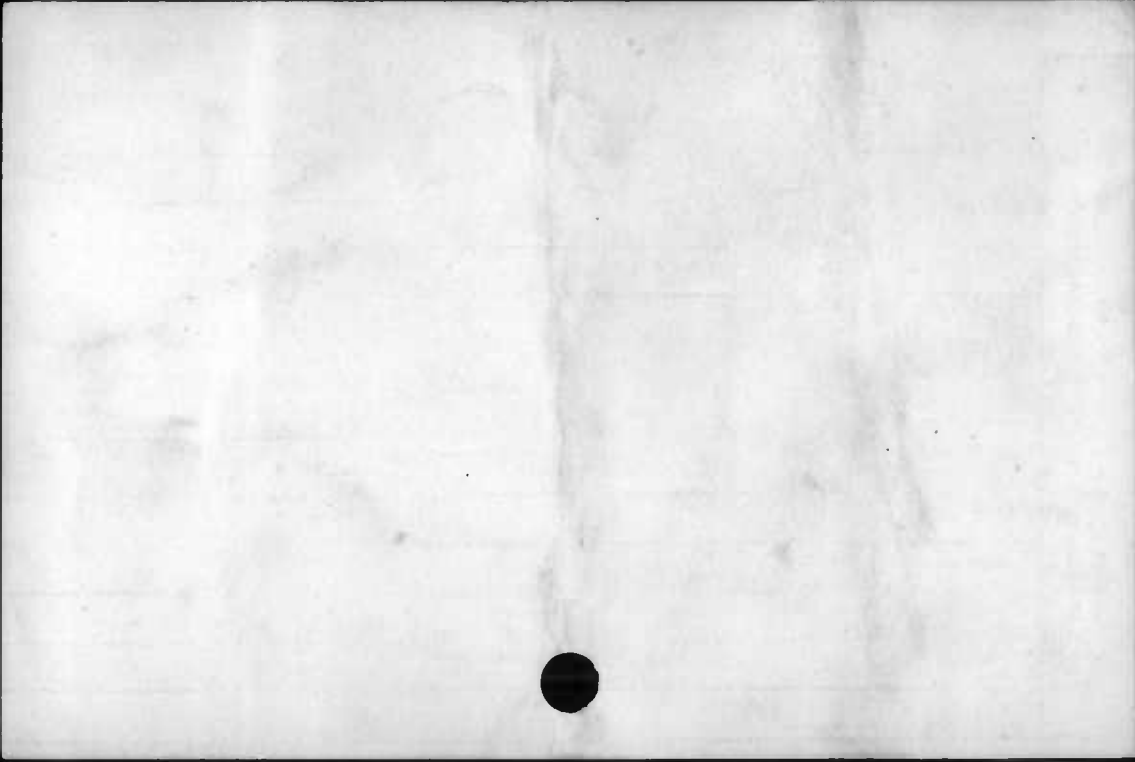
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Stiles</i>		County <i>Monmouth</i>		MARYLAND	
Date of death	1908	Month	9	Day	19	Age	Years — Months — Days —
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ind</i>
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	<i>Smith Shipley</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Wren</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Mary Wren</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lung Cancer</i>	(S)	How long	—
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. L. L. L. L. L.</i>	
 		Address	<i>Roadside</i>	
Accident or Suicide?			<i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grifton</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Sept.</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>eight</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth- place <i>Montg. Co. Md.</i>		
Occupation <i>No occupation</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Holman Swales</i>	Father's Birthplace <i>Montg. Co. Md.</i>		Mother's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Sadie Miles</i>	Name of person giving in formation <i>Lewis Alfred J. Swales</i>		How related to deceased <i>Brother</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Catarrhal Pneumonia</i>	How long <i>17 days.</i>
Immediate	<i>Filling up of Lungs.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. Farguhar,</i>
		Address <i>Olney, Md.</i>
Accident or Suicide? <i>J</i>		

